

## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	METHOD AND DEVICE FOR ANALYSIS OF A MEDICAL FLUID
Application Type :	regular, utility
Attorney Docket Number :	B0280US01
Correspondence address:	
Customer Number:	24994
	
Continuing Data:	
This is a National Stage of GC application number PCT/SE02/01824, filed 2002-10-07.	
Priority Data:	
Doc.No: 0103340-6; Country -SE ; Date: 2001-10-06 us-priority-claimed	
Inventor Information:	
<u>Inventor 1:</u>	
<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	SE
<b>Status:</b>	deceased-inventor
<b>Name prefix:</b>	Mr.
<b>Given Name:</b>	Peter
<b>Family Name:</b>	Unger
<b>Residence:</b>	
<b>City of Residence:</b>	Stockholm
<b>Country of Residence:</b>	SE
<b>Address-1 of Mailing Address:</b>	deceased - no address
<b>Address-2 of Mailing Address:</b>	
<b>City of Mailing Address:</b>	Stockholm
<b>State of Mailing Address:</b>	
<b>Postal Code of Mailing Address:</b>	
<b>Country of Mailing Address:</b>	SE
<b>Phone:</b>	
<b>Fax:</b>	

**E-mail:**

**Authorized Inventor Representative1**

**Applicant Authority Type:** legal-representative

**Name prefix:** Ms.

**Given Name:** Birgitta

**Middle Name:** Ekman

**Family Name:** Sparrman

**Residence:**

**City of Residence:** Stockholm

**Country of Residence:** SE

**Address-1 of Mailing Address:** Sveavagen 47, 5 tr

**Address-2 of Mailing Address:**

**City of Mailing Address:** Stockholm

**State of Mailing Address:**

**Postal Code of Mailing Address:** 11359

**Country of Mailing Address:** SE

**Phone:** 08 14 07 60

**Fax:** 08 31 23 11

**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

24994



as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Publication Information:**

Suggested Figure for Publication - 1

Suggested Classification -

Suggested Technology Center -

Total Number of Drawing Sheets - 5

**Assignee 1:**

**Organization Name:** Gambro, Inc.

**Address-1 of Mailing Address:** 10810 W. Collins Ave.

**Address-2 of Mailing Address:** Intellectual Property Department

**City of Mailing Address:** Lakewood

**State of Mailing Address:** CO

**Postal Code of Mailing Address:** 80215

**Country of Mailing Address:** US

**Phone:** 303-239-2362

**Fax:** 303-231-4198

**E-mail:**